



03-28-03

EXPRESS MAIL NO. EV20771081308  
PTO/SB/21 (08-00)

#2112637  
103

Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

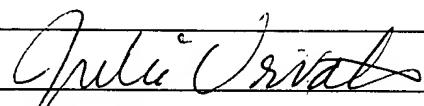
# TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

Application Number	09/590,583
Filing Date	June 8, 2000
First Named Inventor	Tony N. Frudakis
Group Art Unit	1637
Examiner Name	Alexander H. Spiegler
Attorney Docket No.	210121.419C9

RECEIVED  
TECH CENTER 1600/2900  
APR 01 2003

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Second Supplemental Information Disclosure Statement; Form PTO-1449 <input checked="" type="checkbox"/> Cited References (4) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <u>Copy of International Search Report for PCT/US02/24917</u> <hr/> <hr/> <hr/>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Individual Name	Julie A. Urvater, Ph.D. 50,461	 00500 PATENT TRADEMARK OFFICE
Signature		
Date	March 26, 2003	